



# CITY OF HOUSTON

Finance Department

**Annise D. Parker**

Mayor

Director

Kelly Dowe

[www.houstontx.gov](http://www.houstontx.gov)

## ***Ambulance Billing Frequently Asked Questions***

### **Question 1 Whom can I call to discuss my ambulance bill?**

*If you were transported by a City of Houston Fire Department ambulance to a hospital **prior to May 25, 2013**, please leave a message with our 311 Help and Information Center (713-837-0311).*

*If you were transported by a City of Houston Fire Department ambulance to a hospital **on or after to May 25, 2013**, please call our new billing vendor, Digitech, at:*

*Phone: 877-659-0481 (English)*

*Phone: 877-659-0482 (Spanish)*

*Fax: 914-741-1325*

*Email: [HOUS@DIGITECHCOMPUTER.COM](mailto:HOUS@DIGITECHCOMPUTER.COM)*

### **Question 2 I received a bill for an ambulance transport, but I never used an ambulance. Can you update your records so I am no longer being billed?**

*We are sorry for the inconvenience. We would be happy to update the account so it does not reflect incorrect information. Please leave a message with our **311 Help and Information Center (713-837-0311)** and we will have an EMS representative reach out to you within 2 business days.*

### **Question 3 How can I pay my ambulance bill?**

*If you have insurance and have not yet provided us with your insurance information, please complete and sign the "Insurance Information and Signature Form" at the end of these Frequently Asked Questions.*

*If you are trying to pay the portion of the bill that you are responsible for, you can mail in a check or money order along with the "Payment Form" at the end of these Frequently Asked Questions. Please make checks payable to "City of Houston".*

*The payment should be mailed to:*

*City of Houston EMS*

*P.O. Box 4945*

*Houston, Texas 77210-4945*

*If you would like to pay by credit card over the phone, please leave a message with our **311 Help and Information Center (713-837-0311)** letting*



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*them know that you would like to pay your bill over the phone and we will have an EMS representative that can accept your payment over the phone reach out to you within 2 business days.*

**Question 4 I was transported, but I am not the one paying the ambulance bill can I get you to update the record?**

*Please complete the "Insurance Information and Signature Form" at the end of these Frequently Asked Questions with the correct information and we will update your account. If you have any questions, please leave a message within our **311 Help and Information Center (713-837-0311)** and we will have an EMS representative reach out to you with 2 business days.*

**Question 5 Why is my ambulance bill so high?**

*It is very costly for the City to respond to and transport patients in emergency situations. The rates are set by City Council and actually only represent a portion of the full cost of a response and transport.*

**Question 6 Do you offer payment plans?**

*We offer you the option of paying your ambulance bill over a period of time. Please leave a message with our **311 Help and Information Center (713-837-0311)** and we will have an EMS representative reach out to you within 2 business days to discuss payment options.*

**Question 7 I believe that my bill is wrong, it lists items that were not used (oxygen, medication, etc.), can you correct my bill?**

*We would be happy to discuss the charges on your bill. Please leave a message with our **311 Help and Information Center (713-837-0311)** and we will have an EMS representative reach out to you within 2 business days.*

**Question 8 I received a notice asking me to provide my insurance information, but I already provided this information at an earlier time. Do I need to provide it again?**

*Yes, we understand that this is an inconvenience. Our previous billing vendor had records management issues. In order to ensure we have the approval to bill your insurance on your behalf, we have requested this information again. Please complete, sign and mail to the address on the "Insurance Information and Signature Form" at the end of these Frequently Asked Questions.*



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**Question 9      What if I do not provide my insurance information?**

*If you would prefer, you may work with your insurance company directly to pay the City for the ambulance transport. If you choose this option, you will be responsible for ensuring that payment for your ambulance transport will be made to the City.*

**Question 10      What happens if my check is not paid by my bank?**

*If your check bounces or for any reason is not honored by your bank, you will be charged by the payment processor. The fee is in addition to the amount you owe for the ambulance transport. The account will be subject to collection activity.*

**Question 11      I dispute the bill. Can I appeal this with the City?**

*If you have questions regarding the amount on your bill, you may discuss it with the City. **Please leave a message with our 311 Help and Information Center (713-837-0311)** and we will have an EMS representative reach out to you within 2 business days.*

**Question 12      Can you explain my bill?**

*We would be happy to explain your bill. Please leave a message with our **311 Help and Information Center (713-837-0311)** and we will have an EMS representative reach out to you within 2 business days.*

**Question 13      Why do you take two days to respond to many requests?**

*The City took the proactive measure of terminating our contract with our previous billing vendor, in part because of the customer service issues they caused. While we understand the frustration at our turnaround of some requests, we believe we are providing better handling of these bills, and we are striving to get better every day.*

**Question 14      I am an attorney and requesting billing records for my client. Who do I contact?**

*Please see the "EMS Billing Records Request Information" sheet at the end of these Frequently Asked Questions.*



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## *Insurance Information and Signature Form*

### **Instructions:**

*Please fill out the form below. Make sure to sign and date the form.*

*The completed form can be mailed in to:*

*City of Houston EMS  
P.O. Box 4945  
Houston, Texas 77210-4945  
(713)837-0311*

*Or the completed form can be scanned and email to [ems.customerservice@houstontx.gov](mailto:ems.customerservice@houstontx.gov)*

**Patient Name:** \_\_\_\_\_

**Patient Date of Transport:** \_\_\_\_\_

**Patient Account Number (if known):** \_\_\_\_\_

Insurance Company Name		Insurance Company Address	
Insured's Name		Insured's Group / Policy #	
Insured's ID/Subscriber/Certification #	Insured's Social Security #	Insured's Date of Birth	
Patient's Relationship to the Insured	Patient's Social Security #	Patient's Date of Birth	

I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by the City of Houston Emergency Medical Services (COH) now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by COH, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to COH any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to COH. I authorize COH to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical, insurance, billing or other relevant information about me to release such information to COH and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by COH, now, in the past, or in the future. I also authorize COH to obtain medical, insurance, billing and other relevant information about me from any party, database or other source that maintains such information.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name Printed



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## *Payment Form*

### **Instructions:**

*If you did not have insurance at the time the services were provided, you may pay for your EMS services by using either of the following methods of payment. Please indicate below which payment method you choose to use and mail this completed form (for credit card payments) or your check or money order to:*

*City of Houston EMS  
P.O. Box 4945  
Houston, Texas 77210-4945  
(713)837-0311*

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**Patient Name:** \_\_\_\_\_

**Patient Date of Transport:** \_\_\_\_\_

**Patient Account Number (if known):** \_\_\_\_\_

### **Payment Options:**

#### **1. Credit Card:**

By Mail: Please fill-out the information below and mail to the above address using the enclosed envelope.

Circle one:    **VISA**                      **Mastercard**                      **DiscoverCard**

**Name on Card** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Authorized Charge Amount** \_\_\_\_\_

**Signature** \_\_\_\_\_

#### **2. Personal Check/Money Orders:**

Make check or money order payable to the **City of Houston**.

**Check Amount** \_\_\_\_\_



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## ***EMS Billing Records Request Information***

***(THIS PROCESS DOES NOT APPLY FOR PATIENTS REQUESTING THEIR OWN RECORDS)***

To request records for ambulance transports that occurred **on or after May 25, 2013**, please contact the City of Houston's new EMS billing vendor, Digitech, at:

Phone (English): **877-659-0481**

Phone (Spanish): **877-659-0482**

Fax: **914-741-1325**

Email: **HOUS@DIGITECHCOMPUTER.COM**

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To request records for ambulance transports that occurred **before May 25, 2013**, please follow the instructions below:

- Billing records are \$22.00 per patient/date of service
- **Any and all** other billing record documents requiring witness and notarization signatures (such as direct questions and affidavits) are \$15.00 per document/per patient/date of service

All requests must include **Patient Medical Authorization**. Make checks payable to **City of Houston**.

**All requests will be fulfilled within 30 days of receipt and released via mail only. Failure to comply with the above requirements will result in the return of your request.**

Please return your request along with the **above noted payment**. Please mail your billing records request to:

**City of Houston EMS  
PO Box 3347  
Houston, TX 77002**

For questions, call **713.837.0311** or email [ems.customerservice@houstontx.gov](mailto:ems.customerservice@houstontx.gov).

**Please Note:** We do not prepare Medical Records at this location. Please use the following contact information for medical records requests:

600 Jefferson, Suite 860  
Houston, TX 77002  
Phone: 832-394-6860  
Fax: 832-394-6882